

CLAIMS ONLY						Application Number <i>09498398</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13	1							
14	1							
15	1							
16	1							
17	1							
18	1							
19	1							
20	1							
21	1							
22								
23								
24								
25								
26	1	1						
27								
28								
29								
30								
31	1							
32	1							
33	1							
34	1							
35	1							
36	1							
37	1							
38	1							
39	1							
40	1							
41	1							
42	1							
43	1	1						
44	1	1	1					
45	1	1	1	1				
46	1	1	1	1				
47								
48								
49								
50								
Total Indep	3		3					
Total Depend	27	27	27					
Total Claims	30	30						

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25	4						75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4		3		3		Total Indep			
Total Depend	21	25	25	25	25		Total Depend			
Total Claims	25	28	28	28	28		Total Claims			